

Required Documentation for Business Accounts

A completed application must be accompanied with the required documentation

Type of Business Entity	Required Documentation
Sole Proprietorship (DBA)	<ol style="list-style-type: none"> If using a Tax ID number, one of the following documents: <ul style="list-style-type: none"> Business or Occupational License (a Temporary License is acceptable) Current Tax Registration Certificate, Permit or Declaration for any State or Local Tax; for example, Sales Tax, Use Tax, Excise Tax, Gross Receipts Tax, or Documentary Stamp Tax Copy of Fictitious or Assumed Name Certificate. Also known as Trade Name Registration, DBA (Doing Business As) Registration, Fictitious Name Statement, or Statement of Trade Name If using a Social Security Number, no additional documents are required
Limited Liability Company	<p>One of the following:</p> <ul style="list-style-type: none"> Copy of Certificate of Good Standing. Also known as Certificate of Existence or Certificate of Status Copy of Articles of Incorporation. Also known as Certificate of Incorporation, Certificate of Formation, or Charter Most recent tax return Annual report filed with the State Corporation Commission
Association or Club	Letter on letterhead that indicates the Association or Club's intent to open the account signed by at least one Board Officer plus Tax ID number for group.
Partnership	<p>One of the following documents:</p> <ul style="list-style-type: none"> Copy of Certificate of Limited Partnership. Also known as Statement of Limited Partnership or Limited Partnership Registration Statement Copy of Certificate of Good Standing. Also known as Certificate of Existence or Certificate of Status
Corporation	<ol style="list-style-type: none"> Corporate Resolution (see attached); plus One of the following: <ul style="list-style-type: none"> Copy of Certificate of Good Standing. Also known as Certificate of Existence or Certificate of Status Copy of Articles of Incorporation. Also known as Certificate of Incorporation, Certificate of Formation, or Charter Most recent tax return Annual report filed with the State Corporation Commission
Non-Profit Organization (including churches)	<p>One of the following:</p> <ul style="list-style-type: none"> Non-profit tax status documentation such as Determination Letter or completed and signed Form 1023 or Form 501(c)(3) Organizational documents such as Copy of Articles of Incorporation or Charter or copy of Current Constitution or other governing document (Articles of Association, Declaration of Organization, etc) or Copy of Certificate of Good Standing (also known as Certificate of Existence or Certificate of Status)

Note: If you are using a Trade or DBA Name and the above documents do not reflect that name, you must provide a copy of a Fictitious or Assumed Name Certificate. Also known as Trade Name Registration, DBA (Doing Business As) Registration, Fictitious Name Statement, or Statement of Trade Name. Sole Proprietorships can generally add the name to their business license.

BUSINESS ACCOUNT APPLICATION

SUSSEX COUNTY FEDERAL CREDIT UNION

1941 BRIDGEVILLE HIGHWAY
 PO BOX 1800
 SEAFORD, DE 19973
 302-629-0100
 FAX: 302-933-0905
 WWW.SUSSEXCFCU.COM

MEMBERSHIP ELIGIBILITY			
HOW IS THE ENTITY ELIGIBLE FOR MEMBERSHIP?			
Account Ownership (Check One)			
<input type="checkbox"/> SOLE PROPRIETORSHIP/DBA <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> ASSOCIATION OR CLUB <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION			
Entity Information			
SOCIAL SECURITY/TAX ID NUMBER			
NAME OF ENTITY			
STREET ADDRESS (CANNOT BE A P.O. BOX)		CITY	STATE ZIP
MAILING ADDRESS IF DIFFERENT FROM ABOVE (MAY BE A P.O. BOX)			
BUSINESS PHONE	CELL PHONE	E-MAIL ADDRESS	
Authorized Person			
SOCIAL SECURITY/TAX ID NUMBER	DRIVER'S LIC. NO.	DATE OF BIRTH	PIN
NAME			
HOME STREET ADDRESS		CITY	STATE ZIP
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS
Authorized Person			
SOCIAL SECURITY/TAX ID NUMBER	DRIVER'S LIC. NO.	DATE OF BIRTH	PIN
NAME			
HOME STREET ADDRESS		CITY	STATE ZIP
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS
Authorized Person			
SOCIAL SECURITY/TAX ID NUMBER	DRIVER'S LIC. NO.	DATE OF BIRTH	PIN
NAME			
HOME STREET ADDRESS		CITY	STATE ZIP
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS			
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS



Helping Businesses
 Navigate Growth

Authorized Person				
SOCIAL SECURITY/TAX ID NUMBER	DRIVER'S LIC. NO.	DATE OF BIRTH	PIN	
NAME				
HOME STREET ADDRESS		CITY	STATE	ZIP
MAILING ADDRESS IF DIFFERENT FROM HOME ADDRESS				
HOME PHONE	WORK PHONE	CELL PHONE	E-MAIL ADDRESS	

AS AUTHORIZED SIGNER FOR THE ABOVE-NAMED ACCOUNT, I AM APPLYING FOR A PRIME SHARE ACCOUNT AND THE OTHER SERVICES WHICH I HAVE DESIGNATED BELOW:

- SMALL BUSINESS CHECKING
 BASIC BUSINESS CHECKING
 INTEREST CHECKING
 SAVINGS CLUB
 DEBIT /ATM CARD
 AUDIO RESPONSE
 ON-LINE BANKING BILL PAY

MEMBER AGREEMENT

This account shall be subject to all applicable Credit Union laws, regulations, practices and customs and the Rules and Regulations of this Credit Union for this type of account, as amended from time to time in the Credit Union's sole discretion. **RECEIPT OF A COPY OF OUR DISCLOSURE STATEMENT IS ACKNOWLEDGED.**

By signing this application, you acknowledge and consent to the following identity confirmation program:

- I am a U.S. person (including a U.S. resident alien).
- We require original, unexpired government-issued picture identification and a taxpayer identification number.
- For non-U.S. persons we require one or more of the following: (1) A taxpayer identification number; (2) A passport number and country of issuance; (3) An alien identification card number; (4) A number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.
- If you are mailing this application, we require that you submit a notarized copy of your picture identification.
- We may verify any information provided by you, e.g., your credit report.
- We may also ask you to provide additional information that we need to verify your identity, and for other purposes related to your membership.
- Your signature on this application authorizes the Credit Union to keep a copy of any information you provide to establish your identity.

SUBSTITUTE W-9 CERTIFICATION

Under penalty of perjury, I, certify that: (1) The number shown on this form is the correct Taxpayer Identification Number (TIN); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of under-reporting interest or dividends on your tax return.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid withholding.

SIGNATURE OF AUTHORIZED PERSON DATE

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FOR CREDIT UNION USE ONLY				
DATE OF MEMBERSHIP:		OPENED/APPROVED BY:		MEMBER VERIFICATION:
<input type="checkbox"/> AUDIO RESPONSE INITIALS:	<input type="checkbox"/> ON-LINE BANKING INITIALS:	<input type="checkbox"/> SETUP INITIALS:	<input type="checkbox"/> ATM CARD ISSUED INITIALS:	<input type="checkbox"/> DEBIT CARD ISSUED INITIALS: